

Tuberculosis Outbreak Reporting Instructions

Step 1: Initial Notification of Suspected Outbreak

Local health departments should **call*** the Tuberculosis Control Branch of the California Department of Health Services to report any suspected (or confirmed) outbreaks of tuberculosis within one week of recognition.

- I. An outbreak is defined as “the occurrence of cases of a disease (illness) above the expected or baseline level, usually over a given period of time, in a geographic area or facility, or in a specific population group.” (CCR, Title 17, Sections 2500)
- II. The following are examples of situations to report:
 - a. An unexpected increase (significantly above baseline) of newly identified confirmed or suspected cases in any setting.
 - b. Multiple confirmed or suspected cases from a congregate (e.g., school, jail, etc...) or high-risk setting (e.g., HIV positive individuals) occurring within a relatively short period of time.
 - c. Multiple confirmed or suspected cases from a community setting (outside a household) occurring within a relatively short period of time that may be related.
 - d. Two or more cases of MDR (multidrug resistant) TB that may be related.
 - e. If state assistance is needed for the investigation and containment of a suspected outbreak within or across local health jurisdiction boundaries.

For initial *phone* notification of suspected or confirmed outbreaks, please call:

**TB Outbreak Duty Officer
Tuberculosis Control Branch, California Department of Health Services
Phone (510) 540-2973 (8AM to 5PM)
(510) 540-2566 (after hours state Duty Officer)**

Step 2: Final Reporting of Confirmed Outbreak

At the conclusion of an outbreak investigation, local health departments should **mail or fax** the “Final Outbreak Report” (on the reverse page) to report any outbreak involving 3 or more related cases. Please send this form after completing your contact/outbreak investigation.

Please send the final outbreak report form to:

**TB Outbreak Duty Officer
Tuberculosis Control Branch, California Department of Health Services,
2151 Berkeley Way, RM 603, Berkeley CA 94704 Fax (510) 540-3535**

*California law mandates the immediate reporting of outbreaks by telephone to local county health departments, and subsequent reporting from local to state health departments within one week (CCR, Title 17, Sections 2500 and 2502).

FINAL OUTBREAK REPORT

This form should be used by the local health department at the conclusion of an outbreak investigation to report the final results of their investigation to the California Department of Health Services TB Control Branch. For the purposes of reporting, a TB outbreak is defined as the transmission of TB in any setting that results in 3 or more related cases.

1. a. Total number of outbreak cases identified:

Adults: _____ Children (<18 y.o.): _____

b. Total number of MDR-TB* cases:

Adults: _____ Children (<18 y.o.): _____

c. Setting: (check all that apply)

- | | | | | |
|---|------------------------------------|--|--|---|
| <input type="checkbox"/> Community | <input type="checkbox"/> Daycare | <input type="checkbox"/> Dialysis center | <input type="checkbox"/> Drug treatment center | <input type="checkbox"/> Homeless shelter |
| <input type="checkbox"/> Hospital | <input type="checkbox"/> Jail | <input type="checkbox"/> Nursing home | <input type="checkbox"/> Prison | <input type="checkbox"/> School/college |
| <input type="checkbox"/> Worksite (specify) _____ | <input type="checkbox"/> Household | <input type="checkbox"/> Other (specify) _____ | | |

d. Population: (check all that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Children (<5 y.o.) | <input type="checkbox"/> Elderly (> 65 y.o.) | <input type="checkbox"/> Homeless |
| <input type="checkbox"/> IV drug users | <input type="checkbox"/> Migrant workers | <input type="checkbox"/> Immunocompromised |
| <input type="checkbox"/> Other (specify) _____ | | |

Outbreak location and timeframe:

a. State _____ ☐ Check if multi-state, specify _____b. County _____ ☐ Check if multi-county, specify _____c. Outbreak timeframe: Date that first outbreak case was diagnosed ____/____/____
Date that last outbreak case was diagnosed ____/____/____

3. Outbreak cases related by:

- ☐
- Epidemiologic link
- ☐
- Isolates with matching genotypes
- ^W
- ☐
- Both

4. Total number of:

Contacts identified: _____
Contacts evaluated with tuberculin skin testing (TST) _____
Contacts diagnosed as converters⁺ _____
Contacts diagnosed with latent TB infection _____

5. Please list RVCT case numbers associated with this outbreak: _____

_____, _____, _____,
_____, _____, _____,
_____, _____, _____,
_____, _____, _____

6. Agency reporting this outbreak: _____

Contact Person: _____

Address: _____

Phone: _____

Fax: _____

E-mail: _____

Date of completion of this form: ____/____/____

*MDR-TB is defined as an isolate that is resistant to both isoniazid and rifampin

⁺Person with a documented negative skin test in the previous two years who has increase ≥ 10 mm upon TST^WIdentical band patterns on spoligotyping or restriction fragment length polymorphism (RFLP) analysis

Comments: _____

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